N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space. a
41064
~~41064~~ a

1. PLACE OF DEATH

County ..... Registration District No. 1791
Township ..... Primary Registration District No. 1003
City St Louis Mo (No. 5807 Enright Ave. St. ..... Ward)

File No. .....
Registered No. 11728

2. FULL NAME Daisee Peirsel Say

(a) Residence. No. 5807 Enright Ave. St., 5 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm. J. Say

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 26, 1872

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
58	10	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House-wife
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Cincinnati
(STATE OR COUNTRY) Ohio.

PARENTS
10. NAME OF FATHER Uriah B. Peirsel
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Union Town
(STATE OR COUNTRY) Pa.
12. MAIDEN NAME OF MOTHER Myria Swain
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ohio

14. INFORMANT Kathleen Say
(Address) 5807 Enright

15. FILED DEC 15 1930 19 Alex D. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930

17. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1930, to Dec 14, 1930, that I last saw her alive on Dec 13, 1930, and that death occurred, on the date stated above, at 11 00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of cervix
46
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) metastases to pelvis
(duration) ..... yrs. 6 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? No DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Phys. Exam
(Signed) Samuel B. Grant, M. D.
Dec 15, 1930 (Address) 3720 Washington Blvd

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Walhalla Crematory	12/17/30
20. UNDERTAKER	**ADDRESS**
Alexander & Sons	6175 Delmar